EXHIBIT 4

Neurology

THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION

HEALTH MANAGEMENT DIVISION | 1 LEFRAK CITY PLAZA, REGO PARK, N.Y. 11368, 718-595-2500 | Form # HMD-3, Date Rev: 9/30/13

TREATING PHYSICIAN'S SUMMARY REPORT

Dear Doctor,

Kindly allow your patient to hand carry the following information to us. It is essential for us to evaluate his/her fitness for duty. This form must be returned to the evaluating physician at Health Management Division upon the patient's next appointment.

MUST BE FULLY COMPLETED BY TREATING PHYSICIAN:

Patient's current compliant: Decreased memory, Vertigo, CVA Hemisensory Loss Hemiparesis

THIS DOCUMENT MUST BE STAMPED & SIGNED BY M.D.

Diagnosis (Please include positive findings): Memory Loss, CVA, Vertigo Hemisensory Loss Hemiparesis

Prescribed treatment (Indicate all test(s) given and medication(s) prescribed): Needs — Brain MRI EEG, Sleep study, Neurotrax & Follow up in Duke's Neurophysiatric Evaluation Must Be Done —

Specific prognosis as of this date: (PLEASE REFER TO JOB DESCRIPTION AND RESPONSIBILITIES ON REVERSE SIDE OF THIS FORM) Indeterminate at present waiting for above tests to be Completed

Please specify limitations: Hemiparesis & Hemisensory Loss

Expected duration of limitations

Date of this exam:	Time patient arrived for this exam: (circle one) A.M. P.M.	Time patient left after this exam: (circle one) A.M. P.M.	Office phone no.
3/31/17	9	10	516 374-9246

Physician's Name: (please print)	Physician's license no. & DEA no.:
Ellin J. Braunstein, MD	157489
Office address: (street, city, zip code)	**Physician's Signature:**
949 Central Ave Woodmere NY 11598	

THIS SECTION MUST BE COMPLETED BY EMPLOYEE: (FORM WILL NOT BE ACCEPTED UNLESS FULLY COMPLETED, SIGNED AND DATED)

Name: (last name, first name) (please print)	Shield No.:	SS #:
Benvenido Santiago	15713	0512

Date of accident or illness	First day of treatment for this accident/illness:	Command:
1/15/17	1/15/17	QDC.

MEDICAL INFORMATION RELEASE: I hereby authorize the release of the above requested information by affixing my signature.

Employee Signature: Benvenido Santiago Date: 3/31/17